

HIPAA PRIVACY COMPLAINT FORM

Contact Persons:

Division of Developmental Disabilities Privacy Officer

Division of Children, Youth and Families Privacy Officer

Refugee Resettlement Medical Assistance Program Privacy Officer

Department of Economic Security Chief Privacy Officer

Complaints may be filed with the Program/Division Privacy Officer at the address provided in the Notice of Privacy Practices for the relevant Division or Program or to the:

**Division Privacy Officer
c/o Chief Privacy Officer
Department of Economic Security
1789 W. Jefferson Street
Site Code 837A
Phoenix, AZ 85005**

1. If a personal representative signs this complaint on behalf of a client of the Department of Economic Security, please provide the client's name and the personal representative information on page three of this form. If you are a client of the Department of Economic Security, please provide the following information.

NAME (*Last, First, M.I.*)

ADDRESS (*No., Street, City, State, ZIP*)

CASE NO. (*Optional*)

E-MAIL ADDRESS

DAYTIME PHONE NO.

EVENING PHONE NO.

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What is the best way to reach you?

What are the best hours to reach you?

2. Please provide a detailed description of your complaint. Please be as specific as possible (*what, when, who, how, where*). You may use the other side of this form if you need more room. You may also attach copies of documents that might be helpful during an investigation.

3. Were there any witnesses? If so, please provide their names, addresses and telephone numbers.

4. Please describe how you believe that your privacy complaint could be resolved.

[illegible]

5. Signature

SIGNATURE	DATE
PRINT NAME	

If a personal representative on behalf of a client of the Department of Economic Security signs this complaint, please complete the following:

PERSONAL REPRESENTATIVE'S NAME *(Last, First, M.I.)*

PERSONAL REPRESENTATIVE'S ADDRESS *(No., Street, City, State, ZIP)*

PERSONAL REPRESENTATIVE'S PHONE NO.

What is the best way to reach you?

What are the best hours to reach you?

Relationship of Personal Representative to client:

- ☐ parent or guardian of minor child
- ☐ guardian or conservator of individual
- ☐ durable health care power of attorney
- ☐ other *(specify)* _____

The Department of Economic Security will send you a written notification when this completed form is received. If additional information is needed to investigate your complaint, that information will be requested in the notification. The Department of Economic Security will conduct a timely and impartial investigation of your complaint. Upon completion of the investigation, you will receive a written response to your complaint.

You are entitled to a copy of this complaint. Please retain a copy for your records.

Equal Opportunity Employer/Program ♦ Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting 602-364-1170.